



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

KULM MEDICAL PA  
PO BOX 430  
ROWLETT TEXAS 75030

#### **Respondent Name**

DALLAS NATIONAL INSURANCE CO

#### **Carrier's Austin Representative**

Box Number 19

#### **MFDR Tracking Number**

M4-13-3103-01

#### **MFDR Date Received**

July 23, 2013

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "This code was denied as 'mutually exclusive procedure.' Please note, his [sic] was billed with a -59 modifier to denote a separately identifiable procedure. Code 98940 was utilized to bill for spinal manipulation to the cervical and lumbar spine and code 97140 was utilized to bill for myofascial release to the thoracic spine. Please see attached Exhibit A for further clarification. Please reconsider and make additional payment accordingly."

**Amount in Dispute:** \$93.16

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** The insurance carrier did not respond to the DWC060 request. A copy of the DWC060 was placed in the insurance carrier's representative box number 20. The DWC060 was signed picked up on July 31, 2013 by Joe Guerrero. Therefore, an audit will be conducted with the information contained in the file at the time of the review.

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 7, 2012 and September 28, 2012	97140-59-GP x 2	\$93.16	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guidelines for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 1 – This procedure is mutually exclusive to another on this date of service. By clinical practice standards, this procedure should not or cannot be performed in the same treatment period.
- 2 – This procedure is mutually exclusive to another on this date of service. By clinical practice standards, this procedure should not or cannot be performed in the same treatment period.
- U687 – This procedure is mutually exclusive to another on this date of service. By clinical practice standards, this procedure should not or cannot be performed in the same treatment period.

### **Issues**

1. Did the requestor bill in conflict with the NCCI edits?
2. Did the requestor meet the requirements for appending -59 modifier to CPT code 97140?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. 28 Texas Administrative Code §134.203 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

A CCI edit conflict was identified for date of service, September 7, 2012: "Per CCI Guidelines, Procedure Code 97140 [MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES] has a CCI conflict with Procedure Code 98940 [CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS]. Review documentation to determine if a modifier is appropriate."

A CCI edit conflict was identified for date of service, September 28, 2012: "Per CCI Guidelines, Procedure Code 97140 [MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES] has a CCI conflict with Procedure Code 98940 [CHIROPRACTIC MANIPULATIVE TX SPINAL 1-2 REGIONS]. Review documentation to determine if a modifier is appropriate."

2. The CPT Manual defines modifier -59 as follows: "Modifier -59: "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries)not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

Review of the SOAP note for dates of service September 7, 2012 and September 28, 2012 documents that CPT code 97140 was provided, however does not include documentation to support the use of the -59 modifier.

3. Review of the submitted documentation finds that the requestor is not entitled to reimbursement for disputed CPT code 97140-GP-59 rendered on September 7, 2012 and September 28, 2012.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

_____	_____	September 26, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**